

CRITERIA FOR PRIOR AUTHORIZATION

Migraine Acute Treatment Agents

BILLING CODE TYPE	For drug coverage and provider type information, see the KMAP Reference Codes webpage .
MANUAL GUIDELINES	<p>Prior authorization will be required for all current and future dose forms available. All medication-specific criteria, including drug-specific indication, age, and dose for each agent is defined in Table 1 below.</p> <p>Celecoxib (ElyxybTM) Lasmiditan (ReyvowTM) Rimegepant (NurtecTM) Ubrogapant (UbrelvyTM)</p>

GENERAL CRITERIA FOR INITIAL PRIOR AUTHORIZATION: (must meet all of the following)

- Must be approved for the indication, age, and not exceed dosing limits listed in Table 1.
- Medication must be prescribed by or in consultation with a neurologist. Patient must not have any unresolved/unaddressed red flag headache symptoms (examples listed in Table 3).^{3,4}
- For all agents listed, the preferred PDL drug, which treats the PA indication, is required unless the patient meets the non-preferred PDL PA criteria.
- Patient has a diagnosis of migraines that meet ICHD-3 criteria.¹
- Patient must have <2 migraines per week.^{2,3,2-4} If a patient has ≥2 migraines^{2,3,2-4} per week or ≥4 migraines per month¹, the patient must be actively on prophylactic treatment.
- Prescriber has determined that the pain intensity of the patient's migraine attacks is moderate or severe.
- Patient must have experienced an inadequate response after a trial (at least 2 weeks) of 2 different triptans at a maximum tolerated dose, OR have a documented intolerance or contraindication to all agents within this class listed in Table 2.²⁻⁶
 - Prescriber must provide details of all previous medication trials. Documentation must include the medication name(s), trial date(s) and outcome(s) of the trial (i.e. inadequate response, intolerance or contraindication).
- Patient must have a baseline assessment on one of the following:
 - Migraine Treatment Optimization Questionnaire [mTOQ-5]^{2,7}
 - Migraine Disability Assessment Tool [MIDAS]

CRITERIA FOR RENEWAL: (must meet all of the following)

- Dose must not exceed limit in Table 1.
- Patient must meet all of the following:
 - Migraines occurring < 2 times per week and < 4 times per month or actively on prophylactic therapy.^{1,3,7,2-4}
 - For patients who continue having ≥2 migraines per week or ≥4 migraines per month²⁻⁴, Prescriber must provide details of how prophylactic treatment has been optimized since last approval.
 - Patient must have a 50% improvement in one of the following:
 - mTOQ-5
 - MIDAS
- The patient has not required the addition of any other acute treatment agent used for migraine headache.^{6,2}

LENGTH OF APPROVAL (INITIAL AND RENEWAL): 6 months

FOR DRUGS THAT HAVE A CURRENT PA REQUIREMENT, BUT NOT FOR THE NEWLY APPROVED INDICATIONS, FOR OTHER FDA-APPROVED INDICATIONS, AND FOR CHANGES TO AGE REQUIREMENTS NOT LISTED WITHIN THE PA CRITERIA:

- THE PA REQUEST WILL BE REVIEWED BASED UPON THE FOLLOWING PACKAGE INSERT INFORMATION: INDICATION, AGE, DOSE, AND ANY PRE-REQUISITE TREATMENT REQUIREMENTS FOR THAT INDICATION.

LENGTH OF APPROVAL (INITIAL AND RENEWAL): 6 months

Table 1. FDA-approved age and dosing limits for Migraine Acute Treatment Agents.⁸⁻¹¹

Agents	Indication(s)	Age	Dosing Limits*
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists			
Rimegepant (Nurtec)	Acute treatment of migraine	≥18 years	75 mg orally once in 24 hours.
Ubrogepant (Ubrelvy)	Acute treatment of migraine	≥18 years	200 mg orally per 24 hours.
COX-2 Selective Nonsteroidal Anti-inflammatory Drug (NSAID)			
Celecoxib (Elyxyb)	Acute treatment of migraine	≥18 years	120 mg orally once in 24 hours.
Serotonin 5-HT_{1F} Receptor Agonist			
Lasmiditan (Reyvow™)	Acute treatment of migraine	≥18 years	One dose (50 mg, 100 mg, 200 mg) orally once in 24 hours.

* For a maximum of 4 doses per month.^{1,3,6}

Table 2. Prior Acute Migraine Therapies.^{2,3,6,2-4}

Triptans	Combination triptans and NSAIDs
Almotriptan (Axert)	Sumatriptan/naproxen (Treximet)
Eletriptan (Relpax)	
Frovatriptan (Frova)	
Naratriptan (Amerge)	
Rizatriptan (Maxalt)	
Sumatriptan (Imitrex)	
Zolmitriptan (Zomig)	

Table 3. Examples of Red Flag Headache Symptoms^{3,4}

<u>Change in headache pattern</u>
<u>Neurologic signs or seizures</u>
<u>New onset after age 50</u>
<u>Persistent headache after Valsalva maneuver or exertion</u>
<u>Progressively increasing severity</u>
<u>Symptoms of systemic disorders (i.e. fever, hypertension, myalgia, weight loss)</u>
<u>"Thunderclap" headache (maximum severity at onset)</u>

Notes:

Reyvow	Tablets are available in two strengths: 50 mg, 100 mg. ⁸⁹ The recommended dose of Reyvow is 50 mg, 100 mg, or 200 mg taken orally, as needed. No more than one dose should be taken in 24 hours. A second dose of Reyvow has not been shown to be effective for the same migraine attack. The safety of treating an average of more than 4 migraine attacks in a 30-day period has not been established. ⁸⁹
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References:

~~APPROVED-DRAFT~~ PA Criteria

1. Headache Classification Committee of the International Headache Society (IHS). The International Classification of Headache Disorders, 3rd edition. Cephalalgia. 2018;38:1-211. Available at <https://ichd-3.org/>.
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- 2.3. Acute Migraine Headache: Treatment Strategies. Am Fam Physician. 2018 Feb 15; 97(4):243-251. Available at <https://www.aafp.org/afp/2018/0215/p243.html>.
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- 5.6. The Acute Treatment of Migraine in Adults: The American Headache Society Evidence Assessment of Migraine Pharmacotherapies. Headache: The Journal of Head and Face Pain 55.1 (2015): 3-20.
6. ~~The American Headache Society position statement on integrating new migraine treatments into clinical practice. Headache: The Journal of Head and Face Pain 59.1 (2019): 1-18. Available at <https://headachejournal.onlinelibrary.wiley.com/doi/epdf/10.1111/head.13456>.~~
7. Validity and reliability of the migraine-treatment optimization questionnaire. Cephalalgia 29.7 (2009): 751-759.
8. Reyvow (lasmiditan) [prescribing information]. Indianapolis, IN: Lilly USA, LLC; ~~January~~ July 2020.
9. Nurtec ODT (rimegepant) [prescribing information]. New Haven, CT: Biohaven Pharmaceuticals Inc; ~~February~~ August 2020.
10. Ubrelvy (ubrogepant) [prescribing information]. Madison, NJ: Allergan USA Inc; December 2019.
11. Elyxyb (celecoxib) oral solution [prescribing information]. India: Dr. Reddy's Laboratories Limited; May 2020.

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
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